FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030385 (4)

HRT TRAINING CORP., INC.

Principal Place of Business		Mailing Address		1 1001/000 (CILL) SELLIC CONT. REALLY CONFI CONTROL CAND. (CILL) (CILL)
6814 NORTH (TAMPA FL 336	ORLEANS AVENUE 304	6814 NORTH ORLEANS TAMPA FL 33604	AVENUE	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
Suite, Apt. 22 City & State 23 Zip 24	Country 25 9. Name and Address of Curre	28. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 ent Registered Agent	Country 30 81 Nan	O4/01/1996 4. FET Number 59-3381193 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent
Martinez, Carrie S. 1218 S, Westshore BLVD 297 Tampa Fi. 33609			82 Stre 83 84 City	eet Address (P.O. Box Number is Not Acceptable) 18 Sauth WestShore Blud # 297 y FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Staten familiar with grid accept the oblin	le of Horidal Such change was gations of Section 607.0505,	s authorized by the of Florida Statules.	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1111111	Change Addition
NAME	MARTINEZ, MARIOA JR		1.2 NAME	MARTINEZ, MARIO JR
STREET ADDRESS	6814 NORTH ORLEANS		1.3 STREET ADDRES	
CITY-ST-ZiP	TAMPA FL 33604	LIVIETE	1.4 CITY - ST - ZIP	Charge T Addition
TITLE		LJ DELETE	21 TH: t	L.J. Change L.J. Addition
NAME STREET ADDRESS			2.2 NAMÉ 2.3 STREFT ADORES	rce
CITY-ST-ZIP			2 4 CITY - ST-ZIP	
TITLE		DITETE	317016	Change Addition
NAME			3.2 NAME	·
STREET ADDRESS			3 3 STREET ADDRES	ESS
CITY-ST-ZIP			3.4 CHY-SI-2IF	
TITLE		DELETE	4.1 TILLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	rss
CITY-ST-ZIP			4.4 CITY - ST - ZIF	
TITLE		L DELETE	5.1 TITLE	L. Change L. Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	SS
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST - 7/P 6.1 HILLE	Change Addition
NAME		L_ Dett in	6.2 NAME	E Glange E 1 Manny
STREET ADDRESS			6.3 STREET ADDRES	rec
CITY-ST-ZIP			6.4 CITY - S1 - ZIP	33
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.				